

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032286

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 4427

FILED AUG 28 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>				Length of stay in 1b <b>11 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. General Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>8508 Truman Rd.</b>	
3. NAME OF DECEASED (Type or print) First <b>Riley</b> Middle <b>Edgar</b> Last <b>Huckabay</b>				4. DATE OF DEATH Month <b>August</b> Day <b>7</b> Year <b>1963</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3/20/1901</b>	
9. AGE (last birthday) <b>62</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>B.O.P.</b>		11. BIRTHPLACE (City and state or country) <b>Pilot Grove, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>James R. Huckabay</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline M. Dix</b>		14. NAME OF HUSBAND OR WIFE <b>Violet M. Huckabay</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>W.W. 2</b>				16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Violet M. Huckabay-8505 Truman Rd.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock &amp; Hemorrhage resulting from crushing injuries of chest with multiple rib fractures, multiple lacerations of right lung and</b> DUE TO (b) <b>lacerations of liver</b> DUE TO (c) <b>[REDACTED]</b>				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Car struck with left side</b>			
20c. TIME OF INJURY Hour <b>8-7-63</b> a.m. <b>5-7-63</b> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City, Jackson</b>	
20g. COUNTY <b>Jackson</b>		20h. STATE <b>Mo</b>		21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <b>Dr. C. E. Keefe</b> (Degree or title)				22b. ADDRESS <b>Kansas City, Jackson</b>		22c. DATE SIGNED <b>8-7-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>8/10/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Pilot Grove Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Pilot Grove, Mo.</b>	
24. FUNERAL DIRECTOR <b>Earp &amp; Sons-4707 Truman Rd. K.C. Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>8-8-63</b>		26. REGISTRAR'S SIGNATURE <b>Beth Long</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Cap. C. Keefe

MEDICAL CERTIFICATION

OCT 23 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James W. Earp*

Licensed Embalmer No. 4622

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.